

<b>Case Number:</b>	CM15-0141410		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	06/21/2008
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 30 year old male, who sustained an industrial injury on 06-21-2008. The injured worker is currently permanent and stationary with permanent disability. The injured worker is currently diagnosed as having brachial plexus lesions, sprains and strains of neck, sprain strain of lumbar region, and sprain strain of thoracic region. Treatment and diagnostics to date has included functional restoration program and current medications include Senna, Butrans patch, and Gabapentin. In a progress note dated 06-04-2015, the injured worker presented for a follow up visit for his chronic left sided rib and left upper extremity pain. The injured worker stated he has had increased pain, spasms, and "swelling" in his low back over the last several weeks. Objective findings included an antalgic gait and spasm and guarding to the lumbar spine. The treating physician reported requesting authorization for Cyclobenzaprine.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Cyclobenzaprine 5mg tablet #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 63-66 of 127.

**Decision rationale:** Regarding the request for Cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Cyclobenzaprine specifically is recommended for a short course of therapy, noting that this medication is not recommended to be used for longer than 2-3 weeks. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of prior use of Cyclobenzaprine. Additionally, the request exceeds the recommendation that the medication be used for no longer than 3 weeks and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested Cyclobenzaprine (Flexeril) is not medically necessary.